

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/857 826
APPLICANT(S)

FILING DATE

10/14/03 5-6 UY CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DER.	IND.	DER.	IND.	DER.
1	/					
2	/					
3	/					
4	/					
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8	/					
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10	/					
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35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
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42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49	/					
50	/					
TOTAL IND.	17	2	2	2	2	2
TOTAL DER.	17	2	18	2	17	2
TOTAL CLAIMS	20	2	20	2	20	2

	A		B		C	
	IND.	DER.	IND.	DER.	IND.	DER.
51						
52						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DER.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

2

CLAIMS ONLY							Application Number 09/857,826	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51	
2							52	
3							53	
4							54	
5							55	
6							56	
7							57	
8							58	
9							59	
10							60	
11							61	
12							62	
13							63	
14							64	
15							65	
16							66	
17							67	
18							68	
19							69	
20							70	
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29							79	
30							80	
31							81	
32							82	
33							83	
34							84	
35							85	
36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep	2						Total Indep	
Total Depend	10						Total Depend	
Total Claims	12						Total Claims	